

PLAN COMPARISON SUMMARY

FOR ALL RETIREES

Enrolled in the State Health Benefits Program (SHBP)
or the School Employees' Health Benefits Program (SEHBP)

EFFECTIVE JANUARY 1, 2011

The *Plan Comparison Summary* provides a way for retirees to compare the benefits of the medical plans offered by the State Health Benefits Program (SHBP) or the School Employees' Health Benefits Program (SEHBP). If you are new to the programs, or a member who is considering a different medical plan, the *Plan Comparison Summary* is useful in selecting a plan. For members who want to know more about their current plan, the *Plan Comparison Summary* is a quick reference to the services offered.

The following sections summarize plan designs and general policies of the programs. Inside, the comparison chart summarizes the benefits each plan provides for specified services.

MEDICARE REQUIREMENTS

A retiree or covered dependent, who is eligible for Medicare by reason of attaining age 65 or through Social Security disability, must be enrolled in both Part A and Part B of the federal Medicare program in order to be eligible for coverage through the SHBP or SEHBP. Failure to enroll when eligible, and maintain enrollment, in both Part A and Part B of Medicare will result in the termination of coverage.

MEDICAL PLANS

Retirees are offered the choice of plans: a Preferred Provider Organization, with two options known as **NJ DIRECT10¹** and **NJ DIRECT15** (administered by Horizon Blue Cross Blue Shield of New Jersey); **Aetna HMO** (or the **Aetna Medicare Plan (HMO)** for retirees eligible for Medicare); and **CIGNA HealthCare**.

All of the medical plans are managed care plans, meaning that they provide coverage for preventive care such as annual checkups and screening tests, well-baby visits, and immunizations, in the hope of avoiding serious illness and more costly treatment.

NJ DIRECT10¹ and **NJ DIRECT15** provide both *in-network* and *out-of-network* medical care. Under NJ DIRECT10 or NJ DIRECT15, members may see any physician, nationwide, and do not need to select a Primary Care Physician (PCP) for in-network care.

In-network care is provided through a network of providers that includes internists, general practitioners, specialists, pediatricians, and hospitals.

No referrals are needed for visits to a specialist. If the physician participates in the Horizon BCBSNJ Managed Care Network, the member only pays the appropriate copayment². Members living outside of New Jersey can utilize physicians participating in the national Blue Cross Blue Shield Network. In-network hospital admissions are also covered in full³. To find current participating physicians, contact Horizon BCBSNJ. Plan telephone numbers and Web site addresses are listed on the comparison charts. You can also contact your doctor directly to see if he or she participates in the Horizon BCBSNJ Managed Care or national network.

If a physician *does not* participate in the Horizon BCBSNJ Managed Care Network or the national network, the services will be considered *out-of-network*. Out-of-network benefits provide reimbursement for eligible services rendered for the treatment of illness and injury. Most out-of-network care is reimbursed at a percentage of "reasonable and customary" allowances after a member's annual deductible is met. Out-of-network hospital admissions are subject to a separate deductible⁴.

NJ DIRECT10 and NJ DIRECT15 both include annual maximum out-of-pocket amounts. This means that when a member's, or family's, out-of-pocket maximum is reached, covered benefits are paid at 100 percent of the allowance through the remainder of the calendar year³.

(continued inside)

¹ Certain State retirees may not be eligible for NJ DIRECT10.

² Certain in-network covered benefits require 10% member coinsurance.

³ Certain services may require pre-certification from Horizon BCBSNJ. Services that require a pre-certification, but are not pre-certified, will be paid at out-of-network benefit levels and will not count towards out-of-pocket maximums.

⁴ Local Education retirees are not subject to the separate hospital deductible; copayments and in-network out-of-pocket expenses apply to out-of-network out-of-pocket maximum under NJ DIRECT10.

Aetna HMO and **CIGNA HealthCare** have expanded networks that provide services nationwide. When you enroll you must select a Primary Care Physician (PCP) from a group of participating providers.

All services, except emergencies and those indicated on the enclosed comparison chart, are coordinated through your PCP. If you require the care of a specialist, your PCP will refer you to a specialist who participates in the HMO network. Electronic referrals are used so no paperwork is required. Specialist services rendered without a valid referral, or by a provider who does not participate in the network (except for emergencies), will not be paid. There are no deductibles (except for durable medical equipment) or claim forms to file, however, you are required to pay a copayment for visits to your PCP or a referred specialist. There are no out-of-network benefits, or out-of-pocket maximum amounts under an HMO.

If you are considering an HMO, contact your doctor's office to see if they participate in the network of the HMO. To find current participating physicians contact the HMO directly. Plan telephone numbers and Web site addresses are listed on the comparison charts.

COVERAGE FOR RETIREES ON MEDICARE

Aetna Medicare Plan (HMO) is a Medicare Advantage HMO plan available to retirees enrolled in Medicare. Members must maintain Medicare Part A and Part B coverage, but Aetna Medicare Plan (HMO) pays eligible expenses directly, replacing the need for claims to first be paid by Medicare and then by a secondary plan.

When you enroll in the Aetna Medicare Plan (HMO) you must use providers who are in the Aetna Medicare Plan (HMO) network. Please contact your provider directly to verify that he or she is in the Aetna Medicare Plan (HMO) network.

For Medicare eligible retirees enrolled in **NJ DIRECT** or **CIGNA HealthCare**, claims are coordinated by first submitting them to Medicare. This coordination of benefits with Medicare is handled by the medical plan. Benefits and plan procedures remain the same as they are for members without Medicare. For *in-network* claims, simply pay the normal copayments to the provider. The deductibles and coinsurance required by Medicare will be paid in full by your medical plan. However, for NJ DIRECT *out-of-network* claims, you may still have out-of-pocket expenses such as deductibles and coinsurance amounts above the "reasonable and customary" allowances.

If the plan does not receive the Medicare claim information automatically, you must submit the claim directly to your plan along with a copy of the *Medicare Evidence of Insurability* statement.

Fact Sheet #23, *Health Benefit Programs and Medicare Parts A & B for Retirees*, provides additional information on services covered by Medicare.

MEDICARE PART D INFORMATION

All retiree plans include prescription drug benefits. The current prescription drug benefits meet the Medicare Part D prescription drug coverage standards. Most Medicare eligible retirees and/or their Medicare eligible dependents need not enroll in Medicare Part D. While some members who qualify for low income subsidy programs may find it beneficial to enroll in Medicare Part D, members should be aware that once you and/or your dependents enroll in Medicare Part D, the retired group prescription drug benefits will be terminated for the covered individual enrolling in Medicare Part D.

DENTAL COVERAGE FOR RETIREES

Retirees who are eligible for a medical plan are also eligible at the time of retirement to enroll themselves and their eligible dependents in the Retiree Dental Expense Plan. For more information about the plan, see Fact Sheet #73, *Retiree Dental Expense Plan*.

MULTIPLE SHBP/SEHBP COVERAGE IS PROHIBITED

State statute specifically prohibits two members who are each enrolled in the SHBP/SEHBP plans from covering each other. Therefore, an eligible individual may only enroll in the SHBP/SEHBP as an employee or retiree, or be covered as a dependent.

in addition, **eligible children** may only be covered by one participating SHBP/SEHBP subscriber.

For example, a husband and wife both have coverage based on their employment and have children eligible for coverage. One may choose Family coverage, making the spouse and children the dependents and ineligible for any other SHBP/SEHBP coverage; or one may choose Single coverage and the spouse may choose Parent and Child(ren) coverage.

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⁴ Local Education retirees are not subject to the separate hospital deductible; copayments and in-network out-of-pocket expenses apply to out-of-network out-of-pocket maximum under NJ DIRECT10.

PLAN COMPARISON SUMMARY

FOR ALL RETIREES

Enrolled in the State Health Benefits Program (SHBP)
or the School Employees' Health Benefits Program (SEHBP)

PLAN NAME TELEPHONE NUMBER and WEB SITE	#019 - AETNA HMO 1-877-STATE NJ AETNA MEDICARE PLAN 1-866-234-3129 www.aetna.com/statenj	#020 - CIGNA HEALTHCARE 1-800-564-7642 www.cigna.com/stateofnj	#050 - NJ DIRECT10 #150 - NJ DIRECT15 1-800-414-SHBP www.horizonblue.com/shbp	
			IN-NETWORK ¹	OUT-OF-NETWORK ¹
SERVICE AREAS	Nationwide	Nationwide	Nationwide	Nationwide
PRIMARY AND PREVENTIVE CARE				
PHYSICIAN (OFFICE VISITS)	100% after \$10 copayment per visit	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	80% / 70% after deductible; no coverage for wellness care
ANNUAL ROUTINE PHYSICAL EXAMS	100% after \$10 copayment per visit	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	Not covered
ROUTINE CHILD AND WELL-BABY CARE	100% after \$10 copayment per visit	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	Not covered
IMMUNIZATIONS (EXCEPT FOR TRAVEL AND/OR JOB RELATED)	100% after \$10 copayment per visit	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	Not covered except for children under 12 months; 80% / 70% after deductible
ANNUAL ROUTINE GYNECOLOGICAL EXAMS	HMO: 100% after \$10 copay- ment per visit (no referral if using network provider) Medicare Plan: 100% (no referral needed)	100% after \$10 copayment per visit (no referral needed if using network provider)	100% after \$10 / \$15 copayment per visit	80% / 70% after deductible
ANNUAL ROUTINE MAMMOGRAM (ONE ANNUAL MAMMOGRAM FOR WOMEN AGE 40 AND OVER)	HMO: 100%; no copayment (no referral if using network provider) Medicare Plan: 100% (no referral needed)	100%; no copayment	100%; no copayment	80% / 70% after deductible
ROUTINE DIGITAL RECTAL EXAM / PROSTATA SPECIFIC ANTIGEN TEST (PROSTATE EXAM FOR MEN AGE 40 AND OVER)	HMO: 100% after \$10 copayment per visit Medicare Plan: 100%; no copayment	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	Not covered
ANNUAL ROUTINE EYE EXAMINATIONS	HMO: 100% after \$10 copay- ment per visit (no referral if using network provider) Medicare Plan: 100% (no referral needed)	100% after \$10 copayment per visit (no referral needed if using network provider)	100% after \$10 / \$15 copayment per visit	Not covered
HEARING AIDS	Not covered	Not covered	Not covered	Not covered

¹ In-network copayment \$10 for NJ DIRECT10 and \$15 for NJ DIRECT15; out-of-network reimbursement 80% for NJ DIRECT10 and 70% for NJ DIRECT15. Benefits, excluding hospital expenses, are based on the Horizon BCBSNJ discounted provider network allowance or the "reasonable and customary" fee schedule based at the 90th percentile. Certain State retirees may be ineligible for enrollment into NJ DIRECT10.

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			IN-NETWORK ¹	OUT-OF-NETWORK ¹
SPECIALTY AND OUTPATIENT CARE				
SPECIALIST OFFICE VISITS	HMO: 100% after \$10 copayment per visit; PCP referral required Medicare Plan: 100% after \$10 copayment per visit	100% after \$10 copayment per visit; PCP referral required	100% after \$10 / \$15 copayment per visit	80% / 70% after deductible; no coverage for wellness care
ALLERGY TESTING	100% after \$10 copayment per visit	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	80% / 70% after deductible
ALLERGY TREATMENT ROUTINE INJECTIONS	100% after \$10 copayment per visit	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	80% / 70% after deductible
PRENATAL CARE/ MATERNITY CARE	\$10 copayment for first prenatal office visit then 100% covered. Beginning Right Maternity Program - a voluntary prenatal education program	\$10 copayment for first prenatal office visit then 100% covered. Healthy Babies - a voluntary prenatal education program	\$10 / \$15 copayment for first prenatal office visit then 100% covered. Precious Additions - a voluntary prenatal education program	80% / 70% after deductible
INFERTILITY SERVICES (MUST BE PRE-CERTIFIED)	Diagnosis covered after \$10 copayment; treatment covered with limitations after \$10 copayment	Diagnosis covered after \$10 copayment; treatment covered with limitations after \$10 copayment	Diagnosis covered after \$10 / \$15 copayment; treatment covered with limitations after \$10 / \$15 copayment	Diagnosis covered at 80% / 70% after deductible; treatment covered with limitations at 80% / 70% after deductible
OUTPATIENT FACILITY VISITS				
CHEMOTHERAPY	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after deductible
RADIATION THERAPY	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after deductible
INFUSION THERAPY	100% after \$10 copayment per visit	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	80% / 70% after deductible
X-RAYS AND LAB TESTS (OUTPATIENT)	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after deductible
OUTPATIENT THERAPY (SPEECH,² OCCUPATIONAL, PHYSICAL)	HMO: 100%; after \$10 copayment per visit; limit of 60 visits per condition per calendar year Medicare Plan: 100%; after \$10 copayment per visit	100%; after \$10 copayment per visit; limit of 60 visits per condition per calendar year	100% after \$10 / \$15 copayment per visit	80% / 70% after deductible

¹ In-network copayment \$10 for NJ DIRECT10 and \$15 for NJ DIRECT15; out-of-network reimbursement 80% for NJ DIRECT10 and 70% for NJ DIRECT15. Benefits, excluding hospital expenses, are based on the Horizon BCBSNJ discounted provider network allowance or the "reasonable and customary" fee schedule based at the 90th percentile. Certain State retirees may be ineligible for enrollment into NJ DIRECT10.

² Speech therapy limited to: restoration after a loss or impairment of a demonstrated previous ability to speak; develop or improve speech after surgical correction of a birth defect.

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			IN-NETWORK ¹	OUT-OF-NETWORK ¹
SPECIALTY AND OUTPATIENT CARE				
OUTPATIENT CARDIAC REHABILITATION THERAPY	100% after \$10 copayment per visit	100% after \$10 copayment per visit	100% after \$10 / \$15 copayment per visit	80% / 70% after deductible
CHIROPRACTIC CARE	HMO: 100%; after \$10 copayment per visit; limit of 20 visits per calendar year; PCP referral required Medicare Plan: 100%; after \$10 copayment per visit	100%; after \$10 copayment per visit; limit of 20 visits per calendar year	100% after \$10 / \$15 copayment per visit; limit of 30 visits per calendar year combined in-network and out-of-network	80% / 70% after deductible for up to 30 visits per calendar year combined in-network and out-of-network
HOME HEALTH CARE	Services and supplies covered at 100% with pre-approval; prior inpatient hospital stay not required; nursing home care or custodial care not covered	Services and supplies covered at 100% with pre-approval; prior inpatient hospital stay not required; nursing home care or custodial care not covered	Services and supplies covered at 100% with pre-approval; prior inpatient hospital stay not required; nursing home care or custodial care not covered	Services and supplies covered at 80% / 70% after deductible with pre-approval; prior inpatient hospital stay not required; nursing home care or custodial care not covered
HOSPICE CARE (OUTPATIENT)	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after deductible
DURABLE MEDICAL EQUIPMENT (DME)	HMO: \$100 deductible; then 100% for rest of calendar year Medicare Plan: Covered 100%	\$100 deductible; then 100% for rest of calendar year	90%; no copayment	80% / 70% after deductible
PROSTHETIC DEVICES (MUST BE APPROVED IN ADVANCE)	HMO: \$100 deductible; then 100% for rest of calendar year; combined deductible with Durable Medical Equipment Medicare Plan: Covered 100%	\$100 deductible; then 100% for rest of calendar year; combined deductible with Durable Medical Equipment	90%; no copayment	80% / 70% after deductible
INPATIENT SERVICES				
HOSPITAL (ROOM AND BOARD AND OTHER INPATIENT SERVICES)	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after sepa- rate \$200 deductible ³ per hospital stay
SKILLED NURSING FACILITIES	100%; no copayment; for up to 120 days per calendar year	100%; no copayment; for up to 120 days per calendar year	100%; no copayment; for up to 120 days per calendar year; combined in-network and out-of-network	80% / 70% after deductible; for up to 60 days per calendar year; combined in-network and out-of-network
HOSPICE FACILITY	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after deductible
INPATIENT VISITS	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after deductible

¹ In-network copayment \$10 for NJ DIRECT10 and \$15 for NJ DIRECT15; out-of-network reimbursement 80% for NJ DIRECT10 and 70% for NJ DIRECT15. Benefits, excluding hospital expenses, are based on the Horizon BCBSNJ discounted provider network allowance or the “reasonable and customary” fee schedule based at the 90th percentile. Certain State retirees may be ineligible for enrollment into NJ DIRECT10.

³ Local Education retirees are not subject to the separate hospital deductible.

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			IN-NETWORK ¹	OUT-OF-NETWORK ¹
SURGERY AND ANESTHESIA				
INPATIENT SURGERY	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after deductible
OUTPATIENT SURGERY	100%; no copayment	100%; no copayment	100%; no copayment	80% / 70% after deductible
MENTAL HEALTH				
INPATIENT TREATMENT⁴	HMO: 100%; no copayment; up to 35 days per calendar year Medicare Plan: 100%; no copayment; up to 190 lifetime days, combined with Substance Abuse	100%; no copayment; up to 35 days per calendar year	100%; no copayment; up to 25 days per calendar year; balance at 90%	50 days per calendar year at 50% after deductible
OUTPATIENT TREATMENT⁴	HMO: 100% after \$10 copayment per visit; up to 30 visits per calendar year Medicare Plan: 100% after \$10 copayment per visit	100% after \$10 copayment per visit; up to 30 visits per calendar year	90%	80% / 70% after deductible
ALCOHOL AND DRUG ABUSE				
INPATIENT TREATMENT	HMO: 100%; no copayment; up to 28 days per occurrence per calendar year Medicare Plan: 100%; no copayment; up to 190 lifetime days, combined with Inpatient Mental Health	100%; no copayment; up to 28 days per occurrence per calendar year	Same as any other illness	Same as any other illness
INPATIENT DETOXIFICATION	HMO: 100%; no copayment Medicare Plan: 100%; no copayment; up to 190 lifetime days, combined with Inpatient Mental Health	100%; no copayment	Same as any other illness	Same as any other illness
OUTPATIENT TREATMENT	HMO: 100%; no copayment; up to 60 visits per calendar year Medicare Plan: 100%; no copayment	100%; no copayment; up to 60 visits per calendar year	100%; no copayment; no visit limit	80% / 70% after deductible
INPATIENT REHABILITATION	HMO: 100%; no copayment; up to 28 days per occurrence per calendar year Medicare Plan: 100%; no copayment; up to 190 lifetime days, combined with Inpatient Mental Health	100%; no copayment; up to 28 days per occurrence per calendar year	Same as any other illness	Same as any other illness
OUTPATIENT DETOXIFICATION	100%; no copayment	100%; no copayment	Same as any other illness	Same as any other illness

¹ In-network copayment \$10 for NJ DIRECT10 and \$15 for NJ DIRECT15; out-of-network reimbursement 80% for NJ DIRECT10 and 70% for NJ DIRECT15. Benefits, excluding hospital expenses, are based on the Horizon BCBSNJ discounted provider network allowance or the "reasonable and customary" fee schedule based at the 90th percentile. Certain State retirees may be ineligible for enrollment into NJ DIRECT10.

⁴ Biologically-based mental health conditions are treated like any other illness and are not subject to separate mental health visit limits.

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			IN-NETWORK ¹	OUT-OF-NETWORK ¹
EMERGENCY CARE				
HOSPITAL EMERGENCY ROOM (COPAYMENT WAIVED IF ADMITTED)	100% after \$35 copayment	100% after \$35 copayment	100% after \$25 / \$50 ⁵ copayment	100% after \$25 / \$50 ⁵ copayment
AMBULANCE (FOR EMERGENCY TRANSPORTATION ONLY)	100%; no copayment	100%; no copayment	90%; no copayment	80% / 70% after deductible
VOLUNTARY PROGRAMS				
DISEASE MANAGEMENT PROGRAMS⁶	Asthma, Chronic Heart Failure, Chronic Hepatitis, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Chron's Disease, Coronary Artery Disease, Diabetes, Gastro Esophageal Reflux, Inflammatory Bowel Disease, Low Back Pain, and Weight Management	Asthma, Chronic Obstructive Pulmonary Disease, Diabetes, Heart Disease, Hepatitis C, Inflammatory Bowel Disease, Low Back Pain, Osteoarthritis, Osteoporosis, and Weight Complications	Asthma, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Diabetes, Heart Failure, Hepatitis C, Obesity, and Multiple Sclerosis	Asthma, Chronic Kidney Disease, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Diabetes, Heart Failure, Hepatitis C, Obesity, and Multiple Sclerosis
PLAN DEDUCTIBLES, OUT-OF-POCKET MAXIMUMS, AND ANNUAL/LIFETIME BENEFIT MAXIMUMS				
DEDUCTIBLES (INDIVIDUAL)	None	None	None	\$100 per calendar year; \$200 per hospital admission ³
DEDUCTIBLES (FAMILY MAXIMUM)	None	None	None	\$250 per family, per calendar year; \$200 per hospital admission ³
MAXIMUM OUT-OF-POCKET (INDIVIDUAL)	No maximum	No maximum	\$400 per calendar year (coinsurance and copayments) ⁷	\$2,000 per calendar year (coinsurance only)
MAXIMUM OUT-OF-POCKET (FAMILY)	No maximum	No maximum	\$1,000 per calendar year (coinsurance and copayments) ⁷	\$5,000 per calendar year (coinsurance only)
MAXIMUM PLAN COVERED EXPENSES ANNUAL/LIFETIME	Unlimited	Unlimited	Unlimited	Unlimited

¹ In-network copayment \$10 for NJ DIRECT10 and \$15 for NJ DIRECT15; out-of-network reimbursement 80% for NJ DIRECT10 and 70% for NJ DIRECT15. Benefits, excluding hospital expenses, are based on the Horizon BCBSNJ discounted provider network allowance or the "reasonable and customary" fee schedule based at the 90th percentile. Certain State retirees may be ineligible for enrollment into NJ DIRECT10.

³ Local Education retirees are not subject to the separate hospital deductible.

⁵ NJ DIRECT10 emergency room copayment is \$25; NJ DIRECT15 emergency room copayment is \$50.

⁶ Most disease management programs provide educational materials, and in some cases, individualized case management for members with an emphasis on health education and behavior modification.

⁷ Under NJ DIRECT15, only coinsurance goes toward in-network out-of-pocket expenses. For Local Education retirees in NJ DIRECT10, in-network out-of-pocket expenses apply to out-of-network out-of-pocket maximum.

HEALTH BENEFITS PLAN COMPARISON CHART

FOR ALL RETIREES

Enrolled in the State Health Benefits Program (SHBP) or the School Employees' Health Benefits Program (SEHBP)

AUDIT OF DEPENDENT COVERAGE

The Division of Pensions and Benefits performs audits of enrolled members to determine if dependents are eligible under plan provisions. This requires that members provide legal documentation for all dependents covered under the plans. Dependents who do not have proper legal documentation (marriage, civil union, birth certificate, etc.) will be terminated from coverage. Failure to respond to the audit will also result in the termination of dependents from coverage and may include financial restitution for claims paid.

HEALTH CARE FRAUD

Health care fraud is an intentional deception or misrepresentation that results in unauthorized benefits to a

member or to some other person. An individual who willfully and knowingly engages in an activity intended to defraud the SHBP or SEHBP will face disciplinary action that could include termination of employment and may result in prosecution. Any member who receives monies fraudulently from a health plan will be required to fully reimburse the plan.

MORE INFORMATION

For more information about eligibility and enrollment, see the *NJ DIRECT*, *Aetna HMO*, or *CIGNA HealthCare Member Handbooks* — available over the Internet from the Division of Pensions and Benefits at:

www.state.nj.us/treasury/pensions/

PRESCRIPTION DRUG COVERAGE FOR RETIREES

MEDICAL PLAN TYPE	HMO PLAN MEMBERS ⁹		NJ DIRECT MEMBERS	
	Local Education Retirees	State and Local Government Retirees	Local Education Retirees	State and Local Government Retirees
Retiree Prescription Drug Benefits Provided by Medco 1-866-220-6512 www.medco.com/statenj All plans include prescription drug coverage for retirees	PHARMACY Copayment¹⁰ for 30-day supply	PHARMACY Copayment¹¹ for 30-day supply	PHARMACY Copayment¹⁰ for 30-day supply	PHARMACY Copayment¹¹ for 30-day supply
	Generic \$5	Generic \$6	Generic \$9	Generic \$10
	Preferred Brand \$12	Preferred Brand \$12	Preferred Brand \$20	Preferred Brand \$22
	Other Brands \$24	Other Brands \$24	Other Brands \$39	Other Brands \$44
	MAIL ORDER Copayment¹⁰ for 90-day supply	MAIL ORDER Copayment¹¹ for 90-day supply	MAIL ORDER Copayment¹⁰ for 90-day supply	MAIL ORDER Copayment¹¹ for 90-day supply
	Generic \$6	Generic \$6	Generic \$10	Generic \$11
	Preferred Brand \$17	Preferred Brand \$18	Preferred Brand \$29	Preferred Brand \$33
	Other Brands \$29	Other Brands \$30	Other Brands \$49	Other Brands \$55

⁹ Retirees enrolled in Aetna Medicare Plan (HMO) have the same prescription drug benefits as retirees enrolled in Aetna HMO.

¹⁰ For Local Education retirees there is a maximum out-of-pocket for prescription drug copayment amount per member of \$1,318 per year. Once a person has paid the maximum in prescription drug copayments in the calendar year, that person is no longer required to pay any prescription drug copayments for the remainder of the calendar year.

¹¹ For State and Local Government retirees there is a maximum out-of-pocket for prescription drug copayment amount per member of \$1,351 per year. Once a person has paid the maximum in prescription drug copayments in the calendar year, that person is no longer required to pay any prescription drug copayments for the remainder of the calendar year.

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This is a summary and not intended to provide total information. Although every attempt at accuracy is made, it cannot be guaranteed.

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